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Understanding the older traveller – stop, look and listen!

Dr Greg Marsden, Dr Mima Cattam, Dr Ann Jopson, Jenny Woodward

“Transport, transport, transport – without that nothing else works”
(*Consultation respondent, SEU, 2005*)

A lack of good transport options can be a significant barrier to social inclusion and independence for older people (SEU, 2005; Maratolli, 2002). Whilst some of the problems experienced by older travellers are documented (Dunbar, 2004), there are few practical tools available to improve the lot of the older traveller. The purpose of the research described in this paper was to bring together transport and public health research in order to demonstrate how the involvement of older people can help improve tools for transport planning.

People and system centred approaches

The study aimed to contrast the current ‘technocratic’ approach to transport planning with a user-centred approach working with older people. This would enable the study to identify the extent to which current practices were likely to resolve or exacerbate the problems identified. Transport planning professionals have a duty to develop Local Transport Plans for their areas. Whilst issues such as tackling congestion and climate change are important, the plans should also improve access to key services by public transport, maintain roads and pavements and tackle road safety issues. There does not appear to be a big discrepancy in the overall goals of transport planning and the types of improvements that would help older people. The question we sought to address was whether the planning profession is trained and skilled in understanding the particular needs of older people and therefore developing balanced plans for improvement.

Listening to travel experiences

Ten focus groups with a total of 81 participants were held with community-based groups in a mixture of urban and semi-rural sites between May and July 2006. Access to the groups was facilitated through the Leeds Older People’s Forum, an umbrella representative group which supports over 116 voluntary sector organisations in the area, and active communication from the research team. The focus groups explored why older people travelled, the best and worst things about travelling, what they avoided doing and why and if/how they went about trying to engage to improve the transport system.

Older people’s ability to access the external environment had a major impact on their mental health and was affected by three factors. Firstly, their physical ability, where varying degrees of mobility loss through arthritis, visual impairment or hearing problems meant that some had very few problems, whilst others had slowed down, experienced difficulties getting on and off busses, or carrying things.

"There's nothing worse for your mental health if you can't get around and see your remaining friends and families, and ... the outside world.. It's not a trivial thing"

The main policy brief given to professional transport planners is to improve access to key services (employment, education, healthcare and supermarkets) by public transport and walking. The participants indicated that walking served several purposes: to access services but also to keep fit and as a way of meeting other people. Shopping similarly served multiple purposes: buying goods, giving structure to the day and an opportunity to socialise. Access to religious centres and parks were also raised as an issue. The lack of transport, especially in the evenings and Sundays was raised as a problem.

Second, there was also a clear range of personal characteristics which impacted on what was seen as desirable and feasible for the participants. Psychological factors such as activity aspirations or fear of having a fall or being mugged were key constraints.

Third, the physical environment has a significant impact on travel. Poor design of buses, bus-stops, uneven pavements, poor street lighting and motorists driving too fast were described as hazards in the external environment.

For many of the participants just one negative experience, such as a fall, was sufficient to stop them getting into that situation again, resulting in reduced mobility and social contacts. The fear of being knocked or having a fall (including on public transport) was a major issue for frail participants. They dealt with this by not going out or taking lengthy detours around areas with perceived hazards such as large crowds.

In all, participants felt ignored by transport planners and whilst some, the ‘involved’ tried to influence their environment, the majority were either resigned (resigned acceptors) to ‘the way things are’ or felt frustrated (frustrated acceptors) but unable to influence change.

Experiencing daily issues

To find out more about the difficulties that older people encounter when navigating their local streets the study team arranged to take a walk with six of the participants from the focus groups. Walks were taken to commonly accessed destinations such as the local high street and the purpose was to observe and discuss any difficulties they experienced en-route. Some of the people that agreed to take part wondered why we wanted to go for a walk with them as they ‘didn’t experience any difficulties’ when out and about. Once on the walk however, it became apparent that problems did exist but that coping strategies had been developed.

Crossing roads was a significant issue. It became apparent when crossing junctions (with no pedestrian crossing facilities) that whilst younger people can speed up to cross quickly older people often cannot, leaving them exposed to traffic. Where crossings facilities existed, green light timing for pedestrians being too short was a problem, particularly being in the middle of the road, with no central reservation the traffic lights go green was very frightening

“you really take your life in your hands trying to cross”

There were many informal and sometimes illegal uses of pavement space. These impaired progress, and presented a safety hazard. Pavements were used as a car park, a bicycle lane, or bicycle park, a place to keep domestic waste bins, a dog toilet, a garden extension (overgrown hedges) or place for the hedge clippings – see Figure 1.



Figure 1: Uses for pavement space

Pavement maintenance was also problematic with many cracked and uneven pavements in the local neighbourhoods. Some participants indicated that tactile paving (bumpy panels near crossings installed for partially sighted pedestrians) was painful to walk on to the extent people walked around it. A solution to this is not clear since tactile paving provides accessibility for others, and all volunteers acknowledged this. Indeed the volunteers were very pragmatic about the fact that the built environment needs to cater for everybody's needs, not just theirs.

Positive attributes of pedestrian environments favoured by the volunteers included pedestrian only routes, benches to provide rest stops, and local authority re-surfacing programmes (i.e., smooth pavements).

Planning Approaches

Through interviews and participation in dissemination seminars of local transport co-ordinating bodies and bus companies we saw a willingness to take older people's views into account as a 'core market' for public transport. There was however, little understanding of the specific needs of older people and surprise about the extent to which decisions which seemed logical could cause problems for older people. The fragmented structure of the bus industry meant that it was very difficult for older people to influence change, including not knowing who to write to or ring. A solution for Leeds has been to connect the bus companies, local authorities and transport co-ordinating body to the Leeds Older People's Forum as a means of getting messages out and receiving feedback, directly and through word of mouth.

The situation on local road maintenance and pedestrian crossings was somewhat different. All complaints about safety issues crossing roads are now logged and have to be examined. The 'involved' therefore may be heard by planners, but not the resigned acceptors or the frustrated acceptors as they are not likely to make complaints, and these are the target groups that are most disadvantaged by poor provision. There is however no specific design guidance to improve crossings for older people and little awareness of the needs and capabilities of users. Our experiences suggest that when audits of streets and crossings are conducted then these would best be conducted with local older users. There is a clear need for some form of professional training in appreciating the needs of older pedestrians.

Conclusion

Transport is a critical link in the maintenance of day to day independent living. Whilst many older people continue to drive and be able to take advantage of the new free bus travel initiatives the less mobile and less secure suffer significantly from bad infrastructure, poor planning and patchy customer service. There is a lack of awareness amongst the transport profession of the real experiences of older travellers yet there is a willingness to learn. It is suggested that improvements in the relationship between local community groups and other advocates and the local authorities and bus companies would be a helpful first step to getting these issues on the map. Improvements that work for older people will benefit almost everyone using the transport system.

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